New Castle County Insurance Rates

Calendar Year 2023

Participating in the Wellness Program (90%/10% Cost Share)

Actives

Medical	Individual	Employee + Children	Employee & Spouse	Family
BCBS Comp 80	_	-	-	_
Highmark PPO	\$106.41	\$159.61	\$188.66	\$297.94
Highmark EPO	\$104.35	\$156.52	\$185.01	\$292.17
Aetna Select	\$85.70	\$128.54	\$151.68	\$239.95
Dental	Individual	Plus One		Family
Dominion HMO	\$26.35	N/A		\$62.14
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MetLife Low	\$26.58	\$50.36		\$75.81
MetLife Medium	\$35.75	\$67.80		\$102.06
MetLife High	\$43.85	\$83.15		\$125.17
		Employee	Employee	
Vision	Individual	+ Children	& Spouse	Family
EyeMed	\$8.87	\$16.94	\$16.14	\$26.12